


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03610			
1. Entity Name OZONA VILLAGE IMPROVEMENT SOCIETY, INC.			
Principal Place of Business BAY ST. P O BOX 81 OZONA FL 34660		Mailing Address BAY ST. P O BOX 81 OZONA FL 34660	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SMITH, BRIAN 232 PINECREST PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-electing.)</small>			



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2419863** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINTER, BOBBIE 139 HARBOR DR. PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000432183 02/23/06-80058-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BRIAN P.O. BOX 6646 N/A OZONA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, HOWARD 305 BAY STREET PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUART, REBECCA PO BOX 6767 OZONA FL 34660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHARA, MARGARET P O BOX 6767, 12 BAY ST OZONA FL 34660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILSON, WILDA PO BOX 85 OZONA FL 34660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: _____